

## CERTIFICATE REGARDING INMATE ACCOUNT

Inmate name: \_\_\_\_\_

Inmate number: \_\_\_\_\_

I certify that the above-referenced inmate does not have a bank account within the institution in which the inmate is confined.

\_\_\_\_\_  
Signature/Authorized Officer of Institution

\_\_\_\_\_  
Institution

I certify that the above-named inmate has the sum of \$\_\_\_\_\_ on account at this institution. I further certify that the attached records are true and accurate copies of the business records pertaining to the inmate's account(s) during the past six months.

Based on this account information, and after totaling all deposits made in the account during the past six months and subtracting all funds automatically deducted or otherwise garnished from the account during the same period, I calculate that the prisoner's total disposable income is \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature/Authorized Officer of Institution

\_\_\_\_\_  
Institution

PLEASE ATTACH A STATEMENT OF THE INMATE'S ACCOUNT FOR THE PAST SIX MONTHS, OR SINCE THE TIME OF INCARCERATION, WHICHEVER IS SHORTER.